



**BOARD OF SELECTMEN
TOWN OF EGREMONT**

**P.O. Box 368
South Egremont, MA 01258-0368**

Alarm System Permit Application

Annual Permit Fee \$25.00

Date: _____

Name of Owner/User: _____

Property Address: _____

Mailing Address: _____

Phone/Local: _____ **Phone/Other:** _____

Type of Alarm(s): (F) Fire _____ (P) Police _____ (O) Other _____

	F	P	O
DIRECT DIAL			
AUDIBLE			
VISUAL			
OTHER			

Specify Other: _____

-Alarm Pad Location in the house: _____

-Nearest cross street/landmark _____

-On reverse side, draw a small plot of the property showing location of the building.

-Authorized person(s) who may be contacted when owner/resident is unavailable:

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____

Alarm Monitoring Station: Company: _____ **Phone:** _____

Is there an external shut off available to emergency personnel? Yes____ No____

Is Alarm System installed with an automatic timing device which shall deactivate alarm so it will be activated for no more than fifteen (15) minutes? Yes____ No____

On break-in/burglary alarm: Is a mandatory minimum delay of fifteen 15 seconds to enable user to abort signal to Police Department if triggered accidentally? Yes____ No____

Dialing device shall dial police and/or fire department, no more than twice for any one incident?
Yes____ No____

Alarm Installer Name: _____ **Phone:** _____

Address _____

Alarm Installer must contact Wire Inspector Richard Cappadona for inspection of system, prior to issuance of permit (413-229-2120).

Wire Inspector Signature: OK _____ **Date:** _____

Richard Cappadona